

తెలంగాణ తెలంగాణ TELANGANA

No. 12707, 04/7/19, 50/-  
 Sold to: S. Vijayalaxmi  
 S/o/p/o W/o: Late Janardhan Reddy Sama  
 or Whom: Self Hyderabad

M 173700  
 T. NARSIMULU  
 Licensed Stamp Vendor  
 Lic.No:15-14-009/2013, R.L.No:15-14-016-2019  
 H.No: 9-5-1, S.G.R. Colony, Champapet,  
 R.R. Dist-500 079. Cell: 9395384788

**AFFIDAVIT OF DECLARATION**

I Mrs SAMA VIJAYALAXMI M/o Sama Santosh Reddy aged about 56 years, occupation: House wife, Resident of Home No:17-1-382/P/98, Press Colony, Opp S N Reddy Gardens, Saidabad, Hyderabad 500060, State of Telangana, India, do hereby solemnly affirm and state on oath as follows:

- 1) That I am the deponent herein and as such I am well acquainted with the facts of this affidavit.
- 2) I submit that I am MOTHER of Santosh Sama and I convey that I convey that I am suffering with health issues related to spine and uterus. Spine surgery with surgical method SPINE FIXATION RODS AND PLATES, ARTIFICIAL DISCS (S10.5.4) performed on 21 May 2011 at Yashoda Hospital, Malakpet, Hyderabad.
- 3) I submit that my son is married recently to Mounika Sama is also suffering from bitter experiences regarding health and Depressed for his present situation.
- 4) I submit that my son is only bread winner and source of my family as I am a homemaker who is completely dependent on him for my survival and medication.
- 5) I submit that my son never involved in any crime in India as of date.
- 6) Therefore I request the Honourable concerned authorities to show leniency and release him. Please accept this above declaration which is true and correct to the best of my knowledge and belief and nothing has been therein.

Hence this affidavit.

Sworn and signed before me  
 On this the day of 2019  
 At Hyderabad.

ATTESTED  
**PASUPULETI VEDANTHAM**  
 Advocate & Notary Reg. No. 8815  
 Appointed by Govt. of India  
 4-119, Pavanpuri Colony, Karmanghat  
 Baroor Nacar (M) P R Dist -70

DEPONENT.  
 8125576276







He is the best child with a good helping nature as he did all weddings of his sisters in the place of his dad and kindness as he is too kind to others, now which is making him to suffer by being kind to his friends.

He is always front on his foot to participate in social welfare activities form his childhood which are frequently organised by our living society association in our community. And he is an active participant to good events which causes peace and pleasant to others.

It is truly very hard to sustain this pain and life without my son for both myself and my daughter in law who is madly in love with him.

Enclosing my health reports and identity proofs in the following supporting documents, I sincerely request you concerned authorities to accept my request and save my son from this hard situation by lessening the time period as he had already experienced all the odds for the unknowing and unintentional mistake and release him soon.

Thank you,

Yours Faithfully,



SIGNATURE: *S. Vijayalaxmi*

NAME: Vijayalaxmi Sama.

CONTACT NUMBER: 8125576276.



*P. Vedantham*  
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8-4-119, Pavanpuri Colony, Karmanghat  
Srioor Nagar (M) P R Dist -70

[illegible]

ச.பி.பெயரேஜ்  
8125576276

*Pasupuleti Vedantham*  
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 Saroor Nagar (M) P. R. Dist -70

14-00000

N1777522

LACHIREDDY JITTA

LAXMANMA JITTA

JANARDHAN REDDY SAMA

17-1-382/P/98,OPP S N REDDY GARDEN,PRESS COLONY


SAIDABAD, HYDERABAD

PIN: 500059, TELANGANA, INDIA

HY1068711484515

5-01255762-76



  
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Saroor Nagar (M), P R, Dist -70



## Discharge Summary (డిస్చార్జ్ విశ్లేషణ)



<b>Network Hospital ( Address and Telephone Number )</b> నెట్ వర్క్ ఆస్పత్రి (చిరునామా మరియు టెలిఫోన్ నెం.)			
Name పేరు : Yashoda Hospital (Malakpet)		TelephoneNo టెలిఫోన్ నెం. : 0402555555	
Address చిరునామా : MALAKPET HYDERABAD			
<b>Name and Telephone Number of Aarogyamithra at Network Hospital</b> నెట్ వర్క్ ఆస్పత్రి ఆరోగ్యమిత్ర పేరు మరియు టెలిఫోన్ నెం			
Name పేరు : AMRIN SUMIAYA		Phone Number టెలిఫోన్ నెం. : 9490165094	
<b>Name and Residential Address of the Patient</b> పేషెంట్ పేరు మరియు ఇంటి చిరునామా	<b>Age</b> వయస్సు	<b>Sex</b> స్త్రీ / పురుషుడు	<b>Date of Admission</b> అడ్మిట్ అయిన తేది 19/05/2011
Patient Id పేషెంట్ ఐడి : 13503410 Name పేరు : sama vijaya laxmi Addressచిరునామా : 9-4-12/1 champapet	44	Female	<b>Date of Surgery/Therapy</b> శస్త్రచికిత్స/చికిత్స తేది 21/05/2011
			<b>Date of Discharge</b> డిస్చార్జ్ అయిన తేది 31/05/2011
<b>Claim Number</b> క్లెయిమ్ నెం : ARG/RRY/2011/P2R3/15141995			<b>IP Number</b> ఐపి నెం : 79282
<b>Health Card / White Ration Card /TAP Card No</b> హెల్త్ కార్డ్ / తెల్ల రేషన్ కార్డ్ నెం : WAP1585310B0222/01			
<b>Name and TelePhone Number of PHC Aarogyamithra</b> పి హెచ్ సీ ఆరోగ్యమిత్ర పేరు మరియు టెలిఫోన్ నెం			
Name పేరు :		TelePhone Number టెలిఫోన్ నెం. :	
<b>Surgeon Name</b> సర్జన్ పేరు : RAVI SUMAN REDDY			
<b>Final Diagnosis</b> చివరి డయాగ్నోసిస్ : L4-L5 GRADE I-II SPONDYLO LYSTHESIS			
<b>Surgical Procedure / Therapy / Conservative Management</b> స్థితికల్ విధానం / థెరపీ / కన్జర్వేటివ్ మేనేజ్మెంట్ : Spinal Fixation Rods And Plates, Artificial Discs (S10.5.4 ),			
<b>Status at the time of Discharge</b> డిస్చార్జ్ అయ్యే సమయానికి స్థితి : AT THE TIME OF DISCHARGE HER GENERAL IS STABLE			



5-వీ జయలక్ష్మి  
8125576276

## Rajiv Aarogyasri Health Insurance Scheme

Pa

Patient Name పేషెంట్ పేరు : sama vijaya laxmi	Signature / సంతకం :
Surgeon Name సర్జన్ పేరు : RAVI SUMAN REDDY	Signature / సంతకం :
Ramco Name : DR SRIDHAR	Signature / సంతకం :
Aarogyamithra Name ఆరోగ్యమిత్ర పేరు : AMRIN SUMIAYA	Signature / సంతకం :

**Operative Findings** ఆపరేటివ్ ఫైండింగ్స్ :  
NIL

**Clinical History** క్లినికల్ హిస్టరీ :  
LOW BACKACHE SINCE 4 YEARS

**On Examination** పరీక్షలలో :  
BP 120/80, PULSE RATE 74/MIN

**Investigations** ఇన్వెస్టిగేషన్స్ :  
MRI MAJOR SURGICAL PROFILE MRI

**Treatment Given** ఇచ్చిన ట్రీట్ మెంట్ :  
L4-L5 FIXATION WITH RODS AND SCREWS WITH L4-L5 PLIF WAS DONE UNDER GA  
ON 21.05.2011

**Advise** సలహా :

**Advise సలహా :**

TAB TAXIM - O 200MG TWICE DAILY FOR 5 DAYS, TAB RANTAC - 150 MG TWICE DAILY FOR 7 DAYS, TAB VOVERAN SR 100 MG TWICE DAILY FOR 7 DAYS, TAB PREGALIN 75 MG ONCE DAILY FOR 10 DAYS, TAB ENAM 2.5MG ONCE DAILY AT 8AM FOR HTN, TAB DIAMICRON-MR ONCE DAILY FOR DM, CAP BECOSULES 1 CAP ONCE DAILY FOR 10 DAYS, AVOID LIFTING WEIGHTS, BENDING, STOOPING AND LOW CHAIRS, REVIEW AFTER 1 WEEK FOR STAPLE REMOVAL

**Review రివ్యూ :**

REVIEW AFTER 1 WEEK FOR STAPLES REMOVAL

**Next FollowUp Date తదుపరి అనుమతికి రావాల్సిన తేది :**

07/06/2011

**Consult at Block Name :**

3

**Floor :**

2

**Room No. :**

1

07/06/11  
13<sup>00</sup> hrs

Dr. Phani Chakravarthy

Staples removed  
No soakage  
Wound Healthy

Adv  
Dr.

- ① Tab. Neurovit - Mc / - 0 -
- ② Tab. Oxyflam / - 0 - ② months
- \* ③ Tab. Rozal - 200 / 0 - 0 ② wks.
- ④ Tab. Alfer XT / - 0 - ② months
- ⑤ Review after ② months / 0 - 0

21/6/11  
11<sup>50</sup> hrs

Adv  
Dr.

- \* ① Tab. TRD contin / 0 - 0 7/6/11
- ② Tab. Rozal - 200 / 0 - 0 ② wks.
- ③ Flambid Gel 1/4 piece Daily

*Signature*  
ATTESTED

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Saroor Nagar (M) P.R. Dist. 70

Phani  
21/6/11



S. విజయలక్ష్మి

8125576276



5.08.2019  
812550-76276



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S-882026/24  
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Saroor Naqar (M), P R. Dist -70



**YASHODA  
HOSPITAL**

Patient Name	: VIJAYA LAXMI SAMA	Sex / Age	: F/045Y
YH No.	: 239092	Diag. No.	: 2665046
Ref. Phys.	: DR.RAVI SUMAN REDDY	Modality	: SC
Order Date/Time	: 09-05-2011/12:30:16	IP Number	: 0
Report Date/Time	:	Reg. Type	: O

**DEPARTMENT OF RADIOLOGY**

**M R I OF LUMBAR SPINE ( SCREENING )**

**TECHNIQUE :**

T2 Sagittals & Axials

**FINDINGS :**

Lumbosacral transitional vertebra noted.

Grade I retrolisthesis of L5 vertebra over S1 vertebra.

Disc dessicatory changes at L2-L3 to L5-S1 level.

Schmorl's node seen at superior end plate of L3/L4 vertebra.

Marginal osteophytes seen at various levels.

Reduction in disc height at L4-L5 level.

Rest of the vertebral bodies show normal heights, marrow signal intensity.

Posterior elements are unremarkable.

Loss of posterior concavity of L3-L4 disc causing anterior thecal sac indentation with bilateral mild / moderate degree neural foraminal compromise.

Diffuse disc bulgs at L4-L5 level causing anterior thecal sac indentation with bilateral moderate degree neural foraminal compromise.

Diffuse disc bulge at L5-S1 level causing anterior thecal sac indentation with bilateral severe degree neural foraminal compromise.

Spinal canal compromise at L3-L4, L4-L5 & L5-S1 levels.

Facet joints are normal.

Conus & cauda show normal signal characteristics to the visualized extent.

Pre & paravertebral soft tissues are normal.



Nalgonda 'X' Roads, Malakpet, Hyderabad - 500 036. A.P. Ph: 040 - 2455 5555 Fax : 040 - 2454 5690  
e-mail : malakpet@yashodahospitals.com website : www.yashodahospitals.com

5-05-2011

8128576276



Patient Name	: VIJAYA LAXMI SAMA	Sex / Age	: F/045Y
YH No.	: 239092	Diag. No.	: 2665046
Ref. Phys.	: DR.RAVI SUMAN REDDY	Modality	: SC
Order Date/Time	: 09-05-2011/12:30:16	IP Number	: 0
Report Date/Time	:	Reg. Type	: O

Spinal canal diameters :

MID BODY DISC LEVELS

13.9mm (L1) -- 13.6mm (L1-2)

12.3mm (L2) -- 9.0mm (L2-3)

9.7mm (L3) -- 8.0mm (L3-4)

10.0mm (L4) -- 8.7mm (L4-5)

7.4mm (L5) -- 6.0mm (L5-S1)

For clinical correlation.

**NOTE :** Lumbosacral junctional vertebra may be transitional in significant number of cases. Therefore, vertebral levels must be correlated with plain radiographs / fluoroscopy prior to any intervention.

  
Dr.H Suvama. DNB  
Consultant Radiologist



Nalgonda 'X' Roads, Malakpet, Hyderabad - 500 036. A.P. Ph: 040 - 2455 5555 Fax : 040 - 2454 5690  
e-mail : malakpet@yashodahospitals.com website : www.yashodahospitals.com

*S. Suvama*

8125576276



**YASHODA  
HOSPITAL**

Patient Name	: VIJAYA LAXMI SAMA	Sex / Age	: F/045Y
YH No.	: 239092	Diag. No.	: 2681079
Ref. Phys.	: DR.RAVI SUMAN REDDY	Modality	: DX
Order Date/Time	: 18-05-2011/04:40:08	IP Number	: 0
Report Date/Time	: 18-05-2011 18:04:01	Reg. Type	: O

**DEPARTMENT OF RADIOLOGY**

**X-RAY LUMBO SACRAL SPINE LATERAL VIEW**

Spinal curvature well maintained.

Anterior displacement of L4 over L5 with discontinuity in pars articularis.

Vertebral bodies show normal height, alignment and density.

Reduction of L4-L5 IV disc space.

Posterior elements appear normal.

Soft tissue shadow appear normal.

**IMPRESSION : Spondylolytic listhesis L4 over L5.**

For clinical correlation.

  
**Dr.S Sandeep**  
**Consultant Radiologist**



*S. Sandeep*  
8125576276



Patient Name	: VIJAYA LAXMI SAMA	Sex / Age	: F/049Y
YH No.	: 239092 / Malakpet	Diag. No.	: 2529225
Ref. Phys.	: DR.RAVI SUMAN REDDY	Modality	: DX
Order Date/Time	: 21-12-2015/14:38:22	IP Number	: 0
Report Date/Time	: 21-12-2015 15:45:04	Reg. Type	: O / /

### DEPARTMENT OF RADIOLOGY

#### X - RAY LUMBO SACRAL SPINE LATERAL VIEW

Internal fixing hardware in situ in L4, L5 vertebral bodies.

for neuroperusal.

*P*  
**Dr.D.K.Borad**  
**Cons.Radiologist**

Note : This is professional opinion only. Each investigation has its limitations. Final diagnosis needs correlation with clinical context and other investigations. Kindly discuss if necessary.  
 rad



*S. S. S. S.*  
 8125576276

**Yashoda Healthcare Services Private Limited**

**Registered Office:** 16-10-29, Nalgonda 'X' Roads, Malakpet, Hyderabad-500 036. Telangana State.

**Corporate Identity Number (CIN):** U45200AP1993PTC016175

**Unit:** Nalgonda 'X' Roads, Malakpet, Hyderabad-500 082. Telangana State.

**Phone:** 040-2455 5555 **Fax:** 040-2455 6257

**email:** malakpet@yashoda.in | www.yashodahospitals.com





Dr. VENUGOPAL G

MBBS, M.Ch. (Neuro Surgery)  
Consultant Neuro Surgeon  
Reg No. 48015  
Mobile: 7989218706  
Email: drgvenu@gmail.com

Token No : 17 Slot : 12:40



Remarks : SELF

Name : MRS. VIJAYA LAXMI SAMA

Age : 52 Year(s) Gender : Female

YH No : 239092

Date : 30/6/2018 12:34 Ref By :

Consultation Fee: Rs. 550

Rec.No: DFV101754/18

City: *Channarayana*Complaints with Duration :

*FUCg @ 4/5 listeris*  
*2011*

*was well till 2015 - then had*

Past History

*pain - subacute & conservative*  
*managed (Asw surgery (or) Injection)*

Allergies:LMP (F):

*Now pain ↑ ∴ 10 days.*

*— (lifting str / bending str)*

Informant :Previous Investigations & Rx :On Examination:

*(+) Inexpet muscle spasm .*

*(Asomnia)*



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Saroor Nagar (M), P.R. Dist - 70

For Appointments Please Contact Our 24/7 Helpline Number 8121066677, 040-4567 4567

Valid for 2 more visits on or Before Date : 10/07/2018

FQ4118



**FOR EMERGENCY/QUERIES**  
**040 6723 2322 (24 HRS)**

**FOR APPOINTMENTS**  
**040 4567 4567 (24 HRS)**

8125576276



Ly/5 old listhenis & Mechanical LBA

**Investigations :**

**Treatment :**

(Add)

① Cap. PALMIGES  
① — ① x 1month /

① T. TOLIFAST-D  
① — ① x 5d /

① Cap. LYRICA 75mg  
① — x 1month. /

① T. RECITA FORTE  
① — x 1month. /

**Review :**

Dr. Signature 

Date : \_\_\_\_\_ Time : \_\_\_\_\_

30/6/18